

DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS
POWER OF ATTORNEY

(Please read instructions on back before completing this form)

1. PRINCIPAL (Name of Partnership, Corporation, Association, Estate or Individual)	2. BUSINESS IN WHICH ENGAGED
--	------------------------------

3. ADDRESS (Number, Street, City, State, ZIP Code)

4. TAXPAYER IDENTIFICATION NUMBER (Employer Identification Number, Social Security Number)	5. PERMIT NUMBER (If applicable)
--	----------------------------------

6. NAME OF APPOINTED ATTORNEY

7. ADDRESS (Number, Street, City, State, ZIP Code)

8. The above named principal, engaged in the business shown, has appointed the above-named attorney to: *(See Instruction 2)*

(a) Execute for him all applications, notices, bonds, tax returns, and other instruments, claims, offers in compromise, letters, writings, and papers, and to act for him in dealing with the Bureau of Alcohol, Tobacco and Firearms in connection with matters relating to the laws and regulations administered by it. The principal authorizes the attorney named above to receive on his behalf any and all notices, papers, and letters from the Bureau of Alcohol, Tobacco and Firearms in connection with all such matters, and grants him full power and authority to do all that is essential in **and about the premises, as duly as the principal** could do if personally present, with full power of substitution and revocation. The principal hereby ratifies and confirms all that the attorney shall lawfully do or cause to be by virtue of this appointment.

(b)

9. The power is to apply to the following. (If authority is restricted to a particular factory, plant, premises, etc., give name as: Distilled Spirits Plant, Tobacco Products Factory, Tobacco Export Warehouse, etc., and address and number: or, if a Wholesale Liquor Dealer, give permit number)

10. SIGNATURE OF APPOINTED ATTORNEY

EXECUTION (See Instruction 3)

11. SIGNATURE IF PRINCIPAL IS INDIVIDUAL

Signature of Principal

Date

12. SIGNATURE IF PRINCIPAL IS PARTNERSHIP, ESTATE, CORPORATION, OR ASSOCIATION

Under penalties of perjury, I declare that I have the authority to execute this power of attorney on behalf of the principal.

Signature	Title	Date
-----------	-------	------

Signature	Title	Date
-----------	-------	------

Signature	Title	Date
-----------	-------	------

Signature	Title	Date
-----------	-------	------

13. ATTESTATION BY SECRETARY OF CORPORATION OR ASSOCIATION

14. SEAL OF CORPORATION OR ASSOCIATION (If there is no seal, attach a certified copy of a resolution duly passed by the board of directors authorizing the execution of the power of attorney and check the box shown below.)

☐ No Seal

15. ACKNOWLEDGMENT, WITNESSING, OR DECLARATION (Complete 15A, 15B, or 15C)**15A. ACKNOWLEDGMENT**

The above-named person(s) signing as or for the principal(s) appeared before me today and acknowledged this power of attorney as his/her/their voluntary act and deed. The notarial seal must be affixed unless a seal is not required under the laws of the State where the power of attorney is executed.

NOTARIAL SEAL (If required)	Signature of Notary or Other Officer	
	Date	Title

15B. WITNESSING

This power of attorney was signed by or for the principal(s) by a person or persons known to, and in the presence of, the two disinterested witnesses whose signatures appear below:

Signature of Witness	Date
Signature of Witness	Date

15C. DECLARATION by attorney, certified public accountant or enrolled practitioner who is granted the power of attorney by this form.

I declare that I am aware of the regulations of 31 CFR Part 8, Practice Before the Bureau of Alcohol, Tobacco and Firearms, that I am not currently under suspension or disbarment from practice before the Bureau of Alcohol, Tobacco and Firearms and that I am currently: (Check applicable box)

- ☐ A member in good standing of the bar of the highest court of _____
- ☐ Qualified to practice as a certified public accountant in ¹ _____
- ☐ Enrolled to practice before the Bureau of Alcohol, Tobacco and Firearms, Enrollment Number: _____

¹ Insert Name of State, Possession, or District of Columbia.

Signature _____

RESERVED FOR THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS

DATE RECEIVED FOR FILING	DISTRICT	RECEIVED BY (Signature and Title)
DATE RECEIVED FOR FILING	ATF OFFICE	RECEIVED BY (Signature and Title)

INSTRUCTIONS

- GENERAL.** This form is filed with each ATF office in which the appointed attorney is to represent the principal.
- ITEM 8.** A full power of attorney is granted by paragraph 8 (a). The power of attorney maybe limited or restricted by deleting all of paragraph 8 (a) and listing the specific powers to be conferred in section 8 (b).
- EXECUTION.** This form shall be signed by or on behalf of the principal(s) as follows:
 - INDIVIDUAL** by his or her completion of item 11.
 - PARTNERSHIP** by completion of item 12 by all partners, or one partner who attaches his authorization to act on behalf of all the partners unless this authorization is provided by State law.
 - CORPORATION or ASSOCIATION** by completion of items 12, 13 and 14. If the secretary signs in item 12, another officer, preferably the president, vice-president, or treasurer, must also sign in item 12.
 - ESTATE** by completion of item 12 by the executor or administrator and attaching other such documents as may be required by ATF.
- FILING.** This form shall be completed in duplicate, unless otherwise required, and submitted to the District Director of the district in which the business or establishment is located. The original with any attachments will be retained by the District Director, and all other copies will be returned to the principal. After receipt of these copies from the District Director, submit two copies to any other ATF office in which the appointed attorney will represent the principal. These ATF offices will retain one copy for filing and return the other copy to the principal. If the power of attorney is applicable to more than one establishment of business, additional copies must be submitted for each. The additional copies will be filed in the same manner as when the power of attorney relates to only one establishment or business. Copies reproduced by photographic process need not be certified as copies of the original.
- ORIGINAL OF A RULING.** The Bureau of Alcohol, Tobacco and Firearms will give to an appointed attorney the original of a ruling concerning the principal about ATF matters if a statement is made to that effect in item 8(b).
- REVOCATION.** A power of attorney remains in effect until revoked by the principal in written notice to each ATF office where the power of attorney was filed.
- RULES.** All persons representing clients before the Bureau of Alcohol, Tobacco and Firearms must comply with the regulations governing representation (26 CFR Part 601 or those regulations as recodified in 27 CFR Part 71) and any other applicable rules and statutes.

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with Section 3507, Public Law 96-511, December 11, 1980. The information collection is used by ATF to ensure that only duly authorized individuals are signing documents. The information is voluntary.

The estimated average burden associated with this collection of information is 30 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestion for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, D.C. 20226, and the Office of Management and Budget, Paperwork Reduction Project (1512-0079), Washington, D.C. 20503.